Minnesota Department of Education

Integration Revenue Budget Worksheet
FY09

Use this worksheet to provide updated budget data that will be used to calculate FY09 Integration Revenue. Address questions on Integration Revenue budget submission to the Office of School Choice Programs and Services, 651-582-8616. Return the completed worksheet with supporting pages from the locally approved budget by April 15th, 2008, to Joy.Moylan@state.mn.us. *Electronic submission is required.*

District Name: ABC District

District Number: 123

Collaborative:

District Contact:

Phone:

E-mail:

Partner Districts:

List all Racially Identifiable school sites in your district:

Integration Revenue

Alternative Attendance Revenue

TOTAL REVENUE

Integration Revenue Contributed to Collaborative

Notes or Comments:

CERTIFICATION STATEMENT

We certify that the budget information submitted for our school district to the Minnesota Department of Education (MDE) is an accurate and complete representation of the fiscal year 2009 Integration Revenue budget that was approved by the school board.

Board Approval Date _____

School Board Chair _____   **Date** _____

Superintendent _____   **Date** _____

MDE Approval:_____ Amount:_____Date:_____

Integration Revenue Budget Worksheet
FY09
Inter-District Budget: Goal 1

Minnesota Department of Education

District Number: 123 **District Name:** ABC District

Please insert Inter-district integration goal #1 from your district's desegregation plan:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from Identified Isolated District:				
Participation from Your District:				
Total Program Participation:				

Notes or Comments:

Integration Revenue Budget Worksheet
FY08
Inter-District Budget: Goal 2

District Number: 123 **District Name:** ABC District

Please insert Inter-district integration goal #2 from your district's desegregation plan:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from Identified Isolated District:				
Participation from Your District:				
Total Program Participation:				

Notes or Comments:

Integration Revenue Budget Worksheet
FY09
Inter-District Budget: Goal 3

Minnesota Department of Education

District Number: 123   **District Name:** ABC District

Please insert Inter-District integration goal #3 from your district's desegregation plan:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from Identified Isolated District:				
Participation from Your District:				
Total Program Participation:				

Notes or Comments:

Minnesota Department *of* Education

District Number: 123   **District Name:** ABC District

Please insert Inter-District integration goal #4 from your district's desegregation plan:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from Identified Isolated District:				
Participation from Your District:				
Total Program Participation:				

Notes or Comments:

Minnesota
Department
of **Education**

District Number: 123   **District Name:** ABC District

Please insert Identifiable School integration goal from your district's desegregation plan. Include the Racially Identifiable School(s) addressed by this goal:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from the Identifiable School(s):				
Participation from Other Schools in the District:				
Total Program Participation:				

Notes or Comments:

Minnesota Department of Education

District Number: 123   **District Name:** ABC District

Please insert Identifiable School integration goal from your district's desegregation plan. Include the Racially Identifiable School(s) addressed by this goal:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from the Identifiable School(s):				
Participation from Other Schools in the District:				
Total Program Participation:				

Notes or Comments:

Minnesota
Department
of **Education**

District Number: | 123 | **District Name:** | ABC District

Please insert Identifiable School integration goal from your district's desegregation plan. Include the Racially Identifiable School(s) addressed by this goal:

Line Item Description	UFARS Code (Required)				Budgeted Amount	Expenditures
Provide a short description of the expenditure. i.e. "Spanish Teachers"	ORG	PROG	FIN	OBJ	Provide the total amount budgeted for this line item.	Resubmit this form with the actual FY09 expenditures by 9/15/09
TOTAL					$ -	$ -

PARTICIPATION INFORMATION

	Projected (7/1/08)		Actual (9/15/09)	
	Students	Staff	Students	Staff
Participation from the Identifiable School(s):				
Participation from Other Schools in the District:				
Total Program Participation:				

Notes or Comments: